06-14-00

#12 RPA 37244
CPA 6/23/00

OIPE
JUN 13 2000
PATENT & TRADEMARK OFFICE 001

CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL

Submit an original, and a duplicate for fee processing.
(Only for Continuation or Divisional applications under 37 C.F.R. § 1.53(d))

CHECK BOX, if applicable
☐ DUPLICATE

Address to:

Assistant Commissioner for Patents
Box CPA
Washington, DC 20231

Attorney Docket No. of Prior Application	Springs 3.0-024DIVII
First Named Inventor	Kutchmarek
Examiner Name	S. Choi
Group / Art Unit	3724
Express Mail Label No.	EM480534515US

This is a request for a ☒ continuation or ☐ divisional application under 37 C.F.R. § 1.53(d),
(continued prosecution application (CPA)) of prior application number 09 / 245,596
filed on 2/5/99 , entitled Cutting Apparatus for Window Coverings and Method Therefor

1. ☐ Enter the unentered amendment previously filed on _____
under 37 C.F.R. § 1.116 in the prior nonprovisional application.
2. ☒ A preliminary amendment is enclosed.
3. This application is filed by fewer than all the inventors named in the prior application, 37 C.F.R. § 1.53 (d)(4)
   a. ☐ *DELETE* the following inventor(s) named in the prior nonprovisional application
   ....
   ....
   b. ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
4. ☐ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
5. Information Disclosure Statement (IDS) is enclosed:
   a. ☒ PTO-1449
   b. ☐ Copies of IDS Citations

TECHNOLOGY CENTER JUN 19 2000
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[Page 1 of 2]

06/15/2000 EHAMMOND 00000021 121095 09245596
01 FC:131 690.00 CH

PTO/SB/29 (8/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (l))	35 -20* =	15	x $ 18.00 =	$ -0-
	INDEPENDENT CLAIMS (37 C.F.R. §1.16(b) or (l))	1 -3** =	0	x $ 78.00 =	-0-
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))			+ $ _____ =	-0-
				BASIC FEE (37 C.F.R. §1.16)	$690.00
				Total of above Calculations =	-0-
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).				
	* Reissue claims in excess of 20 and over original patent. ** Reissue independent claims over original patent.			TOTAL =	$690.00

6. Small entity status:

  a. ☐   A small entity statement is enclosed, if (b) and (c) do not apply.

  b. ☐   A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.

  c. ☐   Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 12 - 1095 :

  a. ☒   Fees required under 37 C.F.R. § 1.16.

  b. ☒   Fees required under 37 C.F.R. § 1.17.

  c. ☐   Fees required under 37 C.F.R. § 1.18.

8. ☐   A check in the amount of $_____ is enclosed.

9. ☐   New Attorney Docket Number, if desired _____

    [Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]

10 a. ☐   Receipt For Facsimile Transmitted CPA (PTO/SB/29A)

    b. ☒   Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

11. ☐   Other: ....

NOTE:	The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

12. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label   00530   *(Insert Customer No. or Attach bar code label here)*   or ☐ New correspondence address below

Name	MICHAEL J. DOHERTY
Address	
City		State		Zip Code	
Country		Telephone		Fax	

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print /Type)	MICHAEL J. DOHERTY
Signature	*Michael J. Doherty*
Registration No. (Attorney/Agent)	40,592
Date	

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number 09/245596

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	70 minus 20=	*
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	355.00	OR	BASIC FEE	710.00
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X40=		OR	X80=	
+135=		OR	+270=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.